

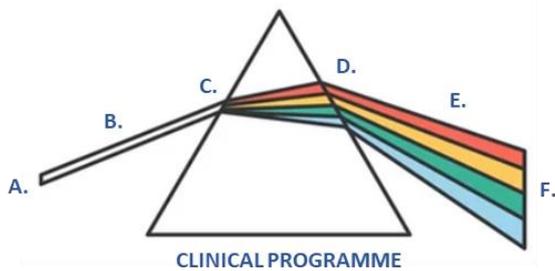
Understanding & tackling inequalities in healthcare provision

Defining health inequalities

Preventable, unfair and unjust differences in health status between groups and communities that arise from the unequal distribution of social, environmental and economic conditions within societies. These conditions determine the risk of getting ill, ability to prevent sickness or opportunities to take action and access treatment when ill health occurs.

Inequalities across clinical pathways*

The influence of unfair socioeconomic conditions can be exacerbated by the design and delivery of services.



- A. PRIORITY POPULATION
- B. VARIATION IN RISK FACTOR PREVALENCE
- C. DIFFERENCES IN ACCESS
- D. DIFFERENCES IN EXPERIENCE
- E. DIFFERENCES IN CLINICAL OUTCOMES
- F. DIFFERENCES IN POPULATION OUTCOMES

Inequalities across disease courses

There is an unfair distribution of "intervention decay" across populations.

Components of Unmet Need



- A. Primary - under recognition of illness by individuals and people around them
- B. Secondary - identified as ill but treatment not accessible
- C. Inadequacies in quality of in-service provision
- D. Insufficient assets for recovery or ongoing self-management

3 key questions for every clinical leader

1. Which communities in my area are most at risk of underutilising this service?
2. What additional support do we need to put in place do ensure communities most in need can access the service and how can we co-develop these solutions with priority groups?
3. Do I have the data that will allow me to measure success and adapt appropriately?

NHS commitment to tackle health inequalities

The NHS provides a comprehensive service, available to all.

During 2021-22 the 'Core20PLUS' initiative is being launched to drive targeted health inequalities improvements in the following areas:

Core 20 – Most deprived 20% of our population.

PLUS – Other population groups as identified by local population health data e.g. ethnic minority communities.

5 – Targeting five key clinical areas of health inequalities: 1) Early Cancer diagnosis (screening & early referral), 2) Hypertension case finding, 3) Chronic Respiratory disease (driving Covid & Flu vaccination uptake), 4) Annual health checks for people with Serious Mental Illness, 5) Continuity of maternity carer plans.

*Assessing likelihood of inequalities in healthcare provision

A. Understand who the "priority population" for the service is and what the key risk factors are that put them in this group. Key characteristics might include:

- socio-economic status and deprivation e.g. unemployment, low income or deprived areas.
- [protected characteristics](#) e.g. age, sex, race, sexual orientation, ethnicity and disability.
- vulnerable groups of society or 'inclusion health' groups e.g. vulnerable. migrants; Gypsy, Roma and Travellers, as well as homeless people and sex workers.

B. Determine if risk factors might cluster within certain communities and if they might multiply +/- worsen due to pre-existing health conditions or socioeconomic factors.

C. Explore differences in the point at which patients within target groups enter the care pathway: primary care vs. self-presentation/planned referral vs. emergency presentation. Identify barriers to accessing care in the optimal way for priority subgroups.

D. Review variation in quality and experience of care within target groups and make clear how these differences are monitored. Determine if characteristics of the target population affect the way they can engage with the service and gain most benefit (refer to A).

E. Explore patterns or differences between clinical outcomes within the priority population and identify how KPIs might be used to help measure this by population sub-group.

F. Identify any difference in outcomes across the whole population noting that these may take longer to take effect and may need to be viewed in comparison to other systems.

3 ways healthcare provision can help tackle inequalities

Mitigating – reducing the impact of inequality on individuals' health and social outcomes.

Preventing - working towards preventing social inequalities having an impact on health and social outcomes.

Undoing - reversing the policies and social processes that are resulting in increasing social inequality and, consequently, health inequality.

These 3 levels of action are explained in the [Working for Health Equity \(UCL, 2013\) report](#).

Tools to support action

Understand any differences between the population that your service or programme serves by using [Inequality Tools - PHE](#) and [Local Health Profiles](#).

Determine the equity of your clinical service by using [Health Equity Assessment Tool \(HEAT\) - GOV.UK](#) and explore findings alongside benchmarking data via [RightCare & GIRFT](#).

Explore how it is possible to [reduce health inequalities: system, scale and sustainability](#) by using civic, community and service levers.